

**STATE OF MAINE
PUBLIC UTILITIES COMMISSION**

Application for Authorization to Provide Charter, Water Taxi or Unscheduled Freight
Services in Casco Bay

1. Name of Applicant: _____
Address: _____
Tel: _____

Applicant is: __individual __partnership __L.L.C. __corporation

If partnership, name & address of each partner: _____

If member-managed L.L.C., name & address of each officer or board member: _____

If manager-managed L.L.C., name & address of each manager: _____

If corporation, name & address of registered agent: _____

Where & when incorporated: _____

2. Application is for __Charter __Water Taxi __Freight Service

3. Rate Schedule. Please attach a list of all rates and charges for proposed service.

4. FOR CHARTERS ONLY: Intend to return all passengers? __Yes__No
If no, contract for returns will be with __Casco Bay Island Transit District
__other (please specify)

5. FOR WATER TAXIS ONLY: Hours of operation: _____
Telephone No. for service: _____

6. FOR UNSCHEDULED FREIGHT SERVICES ONLY:

Provide general description of type of freight services to be provided:

7. Copies of all application materials sent to Casco Bay Island Transit District?
___Yes ___No Proof of mailing attached? ___Yes ___No

8. Vessel Information.

A. Name of vessel: _____ Maine Reg. _____

U.S.C.G. _____

Vessel registration is port of _____ in the name of _____

Length _____ Breadth _____ Gross Tonnage _____

Max. number of passengers authorized: _____

U.S.C.G. Certificate of Inspection No. _____ Issued _____ Exp. _____

(include the above information for each vessel to be employed in the proposed service)

9. Does applicant have sufficient personnel properly licensed to operate the vessel(s) to be used in the proposed service? ___Yes ___No

Does applicant have liability insurance covering the proposed operation?

___Yes ___No

Name of Insurer and amount of coverage: _____

Signature: _____ Date: _____

